

Paediatric Lasers Bibliography Review

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ORIGINAL ARTICLE

Pediatric
Dermatology

WILEY

Multicenter retrospective review of pulsed dye laser in nonulcerated infantile hemangioma

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Ilona J. Frieden MD² | Julie Powell MD⁴ | Maria C. Garzon MD⁵ |
Kimberly D. Morel MD⁵ | Christine T. Lauren MD⁵ | Anthony J. Mancini MD⁶ |
Sarah L. Chamlin MD⁶ | Mónica Ríos MD⁷ | Lina Belmesk MD⁴ |
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- 117 patients with IH were treated with PDL
- 99/117 treated >12 months old
- Mean age of first laser 46.7 +/- 35.3 months, and 4.2 +/- 2.8 number of treatments
- 73.7% received additional medical management
- Those who received propranol prior to PDL received 1.1 fewer sessions
- PDL is effective in improving residual telangiectasias and erythema with a low incidence of adverse effects and good tolerability

CASE REPORT

Delayed ulceration following combination pulse dye laser and topical sirolimus treatment for port wine birthmarks: A case series

Catherine Grace P. Hobayan BS, Elizabeth J. Nourse MD, Michela M. Paradiso MD,
Esteban Fernandez Faith MD

First published: 12 August 2023 | <https://doi.org/10.1111/pde.15409> | Citations: 3

- 3 patients with PWB received PDL treatment and topical sirolimus 1% twice daily
- Sirolimus applied 2-4 weeks before laser and resumed day after
- Two patients developed crusting 10 and 21 days after PDL with sirolimus
- One patient had an ulceration 2 weeks after on the face. One patient had detectable subtherapeutic levels <2ng/mL

Adjuvant Topical Sirolimus for Pulsed Dye Laser in Pediatric Capillary Malformation

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Dermatologic Surgery 50(3):p 300-301, March 2024. | DOI: 10.1097/DSS.0000000000004047

- 10 Paediatric patients with CM. Median age 4 months (1.5 weeks to 5 years)
- Total of 83 PDL treatments, 82% alongside 0.1% sirolimus ointment twice daily
- Burns occurred in 8.4% treatments and post-treatment purpura lasted longer.
- Despite this, only 1 patient elected to discontinue topical sirolimus and all patients achieved good cosmetic outcomes



> Lasers Med Sci. 2025 Feb 3;40(1):60. doi: 10.1007/s10103-025-04326-w.

30 years' experience in the use of cutaneous lasers for the treatment of verrucous venous malformations in children: a retrospective cohort study at Great Ormond Street Hospital for children

Afshaun Azad ¹, Emilio Schweighart Gate ², Giulia Rinaldi ³, Hadi Alenezi ³, Samira Batul Syed ³

Observational Study > Lasers Med Sci. 2025 Apr 7;40(1):179. doi: 10.1007/s10103-025-04433-8.

Perioral scarring in the paediatric cohort as a complication of laser treatment for port wine birthmarks

Rinaldi Giulia ^{1 2}, Samira Syed Batul ³, Mitesh Ramwani ³

> Lasers Med Sci. 2025 Mar 18;40(1):146. doi: 10.1007/s10103-025-04401-2.

Effectiveness and safety of the 1064 nm long-pulsed Nd: YAG laser for treating pyogenic granuloma children: a retrospective study of 30 patients

Yuxin Lv ^{# 1}, Li Liu ^{# 2}, Xiaoyan Luo ^{# 3}

Treatment of keloids with pulsed dye laser in a pediatric population

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- 47 of 83 patients had enough data and were treated with PDL and PDL-Nd:YAG
- Red lesions responded better than purple (p<0.005) for surface area (SA) and colour
- Purple lesions responded better to PDL-Nd:YAG
- SA reduction PDL 71.11% (red), 6.67% (purple) – PDL-Nd:YAG 54.3% and 32.35%
- Combination of PDL 585 nm and Nd:YAG 1064 nm, superimposed by PDL 585 nm, improved PDL 53.43% (red), 8.59% (purple) + PDL-Nd:YAG 46.88% and 40.51%
- 139 patients with perioral PWB treated
- Incidence of perioral scarring was 4.3% (6 patients)
- The complications from laser therapy can be minimised by early recognition of pre-scarring signs, nursing advice and early treatment
- 30 patients treated with 1064 nm long-pulsed Nd: YAG laser with fluences of 85-130 J/cm² and pulse width of 10-40 msec at one-month intervals
- 28 improved after one treatment, the rest required two treatments
- Recurrence-free after 6 months
- One patient had a scar, and 2 had post-inflammatory hyperpigmentation
- 16 Paediatric patients with keloid treated with PDL performing a double passage treatment in the same session, 8-9 J/cm² 10 msec followed by 8-9 J/cm² 1.5 msec, with impulse overlapping
- 14/16 achieved moderate to excellent clearance. No side effects
- 13 were satisfied with the results



Laser Surgery in Pediatric Skin of Color Patients: A Systematic Review

Shalizi Aflatooni¹ | Nicholas Chin¹ | Amberlyn Colina¹ | Andrew C. Krakowski² | Lilia Correa-Selm^{3,4} | Thomas Beachkofsky⁵

Picosecond alexandrite laser treatment of nevus of Ota in children

Wenwen Zhao BSN, Ying Yang MD, Hualing Shi BSN, Lifang Guo MD, Hui Ding MD, Huiying Zhen MD, Tong Lin MD | Yiping Ge MD

First published: 06 May 2024 | <https://doi.org/10.1002/lsm.23795>

Combination Laser Treatment in Procedural Management of Congenital Melanocytic Nevi

Serena Y. Tsai, Martin R. Buta, Branko Bojovic, Mia A. Mologousis, R. Rox Anderson, Elena B. Hawryluk, Yakir S. Levin

First published: 03 April 2025 | <https://doi.org/10.1002/lsm.70007>

- 164 Paediatric patients with FST IV-VI
- Lasers with longer wavelengths (Nd:YAG) can reduce complications
- Lower fluences and longer pulse durations are recommended
- Early intervention, cooling devices and longer wavelengths can reduce complications and have better outcomes
- Pre and post treatment with hydroquinone cream and epidermal cooling has reduced the risk of dyspigmentation
- 305 Paediatric patients with nevus of Ota treated with 755nm picosecond Alex laser
- Fluences (2.83-4.07 J/cm²) , PW 750ps and spot size 2.5-3mm
- After two treatments achieving an average of 79% pigment cleared
- 16 patients with complete clearance relapsed after 3-5 year
- Rate of recurrence 6.6%
- 12.1% had a side effect (10.8% was post-inflammatory hypopigmentation)
- 13/158 children with CMN treated with laser therapy alone
- Treated with long-pulsed laser and Q-Switched laser, followed by a resurfacing laser
- Median number of treatments: 7
- All patients showed pigment reduction with mild adverse events
- Some repigmentation was noted in the follow-up visits